

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591756

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		/			
4			/			
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13	1		/			
14	1		/			
15	1		/			
16	1		/			
17	1		/			
18	1		/			
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20	/		/			
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TOTAL IND.	2		2			
TOTAL DEP.	27	◀	23	◀	◀	
TOTAL CLAIMS	29	QR	25	QR	QR	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					◀	
TOTAL DEP.		◀			◀	
TOTAL CLAIMS		QR		QR	QR	